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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\*** *checked*  
 This application is a CON of 10/156,293 05/24/2002 PAT 6,685,079  
*NC*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *None*  
*NC*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 03/15/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	STATE OR COUNTRY MA	SHEETS DRAWING 8	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 2
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**TITLE**  
 Full thickness resectioning device

<b>FILING FEE</b>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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